

MAY/JUNE 2002

Insight

For
benefits
administrators

Upstate PARTNERS to withdraw from SC market in 2003

PARTNERS National Health Plans of North Carolina, Inc. (PARTNERS), the HMO administrator of the Upstate PARTNERS plan available in Service Area 1 (Anderson, Greenville, Oconee and Pickens counties), will discontinue offering PARTNERS products to South Carolina and Virginia customers effective January 1, 2003. This is the result of a decision by Blue Cross and Blue Shield of North Carolina (BCBSNC), which acquired PARTNERS in October 2001.

Subscribers enrolled in Upstate PARTNERS will be unaffected this year and will continue to have coverage through December 31, 2002. However, they will need to enroll in another plan offered in their service area during the October 2002 enrollment period. Information regarding health insurance plans offered for 2003 will be announced prior to the enrollment period.

State Health Plan Physician Network termination extension

Blue Ridge Emergency Physicians, the practice that provides physician services at the Oconee Memorial Hospital Emergency Department in Seneca, has decided to extend the deadline for termination of participation with the State Health Plan Physician Network. It will continue to participate until June 20, 2002, instead of the recently announced termination date of April 20, 2002. After June 20 the out-of-network limitations apply and patients may be balance billed. Please pass along this information to your employees in Oconee and Pickens counties.

Stanley/HDR merger announced



Earlier this month, Hunt, DuPree, Rhine & Associates, Inc., administrator for the MoneyPlu\$ flexible benefits program, announced a merger with W.E. Stanley & Co. to become Stanley, Hunt, DuPree & Rhine, Inc. (SHDR), operating as a BB&T company. **The new organization will continue to administer the MoneyPlu\$ program as before from Greenville, South Carolina.**

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South Carolina
Budget and Control Board
Employee Insurance Program



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www.eip.state.sc.us

LASIK eye surgery price increase announced

The discounted price for LASIK eye surgery offered to members of the State Health Plan or Companion HealthCare will increase from \$799 to \$895 per eye beginning July 1, 2002. The \$799 price will be honored for all surgeries scheduled before July 1.

The LASIK services you receive for this discounted price include:

- Vision exam;
- Pre-operative exam;
- Corrective surgery;
- Post-operative care for one year.

Members must call TruVision at 1-877-571-2020 to find a participating eye surgery center and to schedule an appointment. As a reminder, members also must call TruVision for the discounted price if they plan to use a participating center located outside South Carolina.

For more information about the LASIK discounts, visit www.SouthCarolinaBlues.com. Scroll down and click on "LASIK Services" under "Discounts & Added Values."



"Benefits at Work" 2002 registration

You should soon receive your conference registration packet, which includes a "Benefits at Work" (BAW) 2002 registration form and an Adam's Mark Hotel registration form. Please do not delay in completing and returning the registration form to the Employee Insurance Program (EIP). To help make the registration process run smoothly, we ask that you do the following:

- 1) Mail your BAW registration form with payment in full (\$90); or
- 2) Mail or fax (803-737-0825) your BAW registration form **and** a letter of commitment on your entity's letterhead, indicating your intent on attending the conference, which day you plan to attend and when we can expect payment from you (due no

later than August 15 to avoid the late registration fee of \$145).

- 3) You may either mail your hotel registration card to the Adam's Mark Hotel or fax it to them at 803-254-2911. You do not need to confirm your hotel reservation with EIP.

The conference rate for both single and double rooms is \$75. Please remember that **July 26 is the deadline for reserving your hotel room**. After July 26, EIP will forfeit all blocked, unreserved rooms.

If you do not soon receive a BAW conference registration packet, please call Pamala Jackson at 803-734-0706, toll-free at 1-888-260-9430 or send her an e-mail at pjackson@eip.state.sc.us.

Reminder on Dependent Life Insurance coverage limits for spouses

Employees who are enrolled in the Optional Life Insurance Plan may cover their spouses in increments of \$10,000. However, **spousal coverage is limited to 50 percent of the employee's level of coverage or \$100,000, whichever is less**. Spouses must provide medical evidence of good health if they are not enrolled when first eligible (for example, within 31 days of the employee's hire date or within 31 days of the date of marriage) *and* for coverage levels exceeding \$20,000.

Employees may cover their spouses, even if they themselves are *not* enrolled in the Optional Life Insurance Plan. Their spouses must still provide medical evidence of good health if they are not enrolled when first eligible, and their amount of coverage is limited to either \$10,000 or \$20,000.

To provide medical evidence of good health, spouses must complete a Personal Health Statement and submit it to The Hartford for approval. These forms are available on the Employee Insurance Program's Web site at www.eip.state.sc.us.

Keep us current

Please notify the Employee Insurance Program whenever your e-mail address, mailing address or phone number changes. Simply e-mail Susan Adams at sadams@eip.state.sc.us so that we may update our database.

How Dental Plus works

Inquiries to our Customer Service and Field Services staff have indicated confusion surrounding some aspects of the new Dental Plus program. Below are some points of clarification that may be helpful to you in explaining the program to your employees.

Dental Plus is an additional dental program that provides a higher level of coverage for dental services covered under the State Dental Plan. Dental Plus is not an “offset” program that pays what the State Dental Plan does not. Instead it covers the *same procedures and services* (except Dental Plus does not cover orthodontia) at the *same percentage rate of coverage* as the State Dental Plan, but at a *higher* “allowance” or dollar amount for the charges. Under Dental Plus, allowances for the various dental services and procedures were set at the rates that 90 percent of the dentists in South Carolina charge. If a dentist charges more for covered services than what Dental Plus allows, the subscriber is responsible for paying the difference.

The Employee Insurance Program (EIP) offered agreements to all South Carolina dentists to accept the lesser of their usual charges or the Dental Plus maximum allowances. Dentists who have accepted the agreement are included on our website at www.eip.state.sc.us. Regardless whether a dentist chooses to accept this agreement, Dental Plus will still pay benefits.

There are no additional deductibles or coinsurance under Dental Plus. However, there *is* a deductible under the State Dental Plan. That amount is \$25 per covered person annually for dental services under Class II and Class III. The maximum deductible for family coverage is for three persons, or \$75.

The combined annual maximum benefit for both the State Dental Plan and Dental Plus is \$1,500 per covered person (compared to \$1,000 with the State Dental Plan alone). However, since Dental Plus pays more than the State Dental Plan alone, covered dental benefits for an individual may reach the *combined* \$1,500 maximum before reaching the State Dental Plan’s \$1,000 maximum. Although the combined maximum may be reached (and no more benefits would be paid under the Dental Plus program for the calendar year), the State Dental Plan would continue to pay benefits until its \$1,000 maximum is reached. In this situation it is possible to receive benefits from both the State Dental Plan and Dental Plus totaling more than \$1,500 in a year.

Subscribers pay Dental Plus premiums in addition to any State Dental Plan premiums, and they must carry the same level of coverage that they carry under the State Dental Plan. The type of coverage and premiums for the two plans are listed below.

	STATE DENTAL PLAN	DENTAL PLUS	TOTAL
Employee	\$ 0.00	\$15.50	\$15.50
Employee/spouse	\$ 7.64	\$29.34	\$36.98
Employee/children	\$13.72	\$32.02	\$45.74
Full Family	\$21.34	\$45.86	\$67.20

Harrington Benefit Services (Harrington) is the claims administrator for both the State Dental Plan and Dental Plus, so no additional claim forms need to be completed. Harrington processes claims under the State Dental Plan first, then under Dental Plus for those who are enrolled under that program. Subscribers will receive two Explanations of Benefits (EOBs) that appear similar. EIP is working currently with Harrington to make minor changes to the Dental Plus EOB so that it is more distinguishable from the EOB for the State Dental Plan.

Continued on page 5

SHP re-interprets coverage for contracep- tives

The State Health Plan has interpreted the prescription contraceptive coverage that became effective January 1, 2002, to include IUDs (intrauterine devices) and diaphragms, and the coverage is retroactive to January 1.

Routine contraceptive prescriptions, including birth control pills and injectables (Depo-provera and Lunelle) for employees and covered spouses that are filled at a participating pharmacy, are covered under the Prescription Drug Program. Birth control implants, injectables and prescription devices (such as IUDs and diaphragms) that are given in a doctor’s office will be paid as medical claims. Spermicidal products that are sold over the counter are not covered, with or without a prescription.

We’d love to hear from you

We’d like to know what you think of **Insight**. Please e-mail your comments, suggestions and article ideas to Susan Adams at sadams@eip.state.sc.us or fax them to her at 803-737-0825.

*The information contained in
Insight that affects your employees
should be communicated to them in a
timely manner.*



Ask the Counselor

The Customer Services and Operations departments at the Employee Insurance Program are staffed with trained counselors who answer questions daily from benefits administrators, active subscribers and retirees. "Ask the Counselor" addresses questions and concerns expressed by callers to the Customer Services Department. If you have a specific concern that you would like answered in this column and

shared with your peers, please contact Susan Adams at sadams@eip.state.sc.us or 1-888-260-9430 (734-2516 in Columbia).

Q. Where may persons covered by the State Health Plan go for outpatient services without paying the \$50 hospital outpatient deductible?

A. Many outpatient services that are provided by hospitals are also provided by independent lab/testing facilities and some doctors' offices. If your doctor refers you for bloodwork or some other test, check in your area to see if there is a facility that can perform that same test. By having the test or service performed outside a hospital, you would avoid the \$50 outpatient deductible.

MoneyPlu\$ Explanation of Benefits

There are two parts to the MoneyPlu\$ check payment stub. The actual check is the first part. The bottom portion is the *Explanation of Benefits* or EOB. The MoneyPlu\$ EOB is divided into three parts. The first part shows the check number, amount of the check, participant's name, date and Social Security number. The second part shows the type of account (Medical or Dependent Care), the annual election, year-to-date claims submitted, year-to-date claims denied, year-to-date eligible, remaining election, year-to-date deposits, year-to-date paid, and year-to-date pending. All amounts are cumulative. Pending amounts will be paid as deposits are posted to the account. The last part shows an itemization of all claims submitted. The information on the MoneyPlu\$ EOB includes the date range, requested amount, pended amount, total paid and description of expense.

Call MoneyPlu\$, toll-free, at 1-800-768-4372 for additional information or if you have any questions regarding the program.

FYI Only—"KEEP" health screening offered in June for Chronic Disease Program Participants



The State Health Plan Prevention Partners, in conjunction with the National Kidney Foundation of South Carolina, will sponsor a one-time, free *Kidney Early Evaluation Program* (KEEP) health screening for current and past participants of any Prevention Partners chronic disease program including the Diabetes Chronic Disease Workshops, the Healthy Heart Chronic Disease Workshops, the "Steps to Controlling Your Hypertension" program and the "Steps to Controlling Your Diabetes" program.

This free screening will be held on Tuesday, June 25, 2002, from 9:00 am. to

1:00 p.m. at the Capital Senior Center in Columbia and is limited to 50 participants. The National Kidney Foundation of South Carolina will provide trained medical staff to take blood pressure, draw blood and do urinalysis testing. Fasting prior to the screening will yield more accurate test results. KEEP staff will be available to answer questions participants may have concerning their test results.

Preregistration packets were sent to all chronic disease program participants at their home addresses earlier in May. The deadline for participant registration is Monday, June 10. Those who register

will be assigned an appointment time and will be asked to bring their registration forms and completed questionnaires with them to the screening on June 25. They will also be required to sign a consent form at the screening.

Prevention Partners is excited to offer this early detection program to its chronic disease program participants. If your co-workers, who have already participated in a chronic disease program, did not receive an invitation, they may call 803-737-3820 for more information regarding the KEEP health screening.

How Dental Plus works

Continued from page 3

Examples (using Class III procedure claims)

Under the State Dental Plan and Dental Plus, Class III dental benefits are paid at 50% of the allowance. Examples of how the two plans operate together, based on a crown (resin with predominant base metal), are illustrated below.

WHEN DENTIST'S CHARGE DOES NOT EXCEED DENTAL PLUS ALLOWANCE:

Dentist's charge for Class III procedure	\$680.00
State Dental Plan (SDP) benefit	\$174.50 (50% of \$349 ¹)
Dental Plus (DP) benefit	\$343.00 (50% of \$686 ²)
Maximum reimbursable amount.....	\$340.00 (50% of dentist's charge or DP allowance, whichever is less)
Maximum reimbursable amount	\$340.00
SDP benefit	- \$174.50
Remaining reimbursable amount	\$165.50
Dental Plus benefit	-\$165.50
Dentist's charge	\$680.00
Total benefits paid	-\$340.00
Patient owes	<u>\$340.00</u> ³

WHEN DENTIST'S CHARGE EXCEEDS DENTAL PLUS ALLOWANCE:

Dentist's charge for Class III procedure	\$800.00
State Dental Plan (SDP) benefit	\$174.50 (50% of \$349 ⁴)
Dental Plus (DP) benefit	\$343.00 (50% of \$686 ⁵)
Maximum reimbursable amount.....	\$343.00 (50% of dentist's charge or DP allowance, whichever is less)
Maximum reimbursable amount	\$343.00
SDP benefit	- \$174.50
Remaining reimbursable amount	\$168.50
Dental Plus benefit	-\$168.50
Dentist's charge	\$800.00
Total benefits paid	-\$343.00
Patient owes	<u>\$457.00</u> ⁶

¹ \$349 is the allowance for this procedure under the State Dental Plan.

² \$686 is the allowance for this procedure under Dental Plus.

³ Without Dental Plus, the patient would owe \$505.50 in this example.

⁴ \$349 is the allowance for this procedure under the State Dental Plan.

⁵ \$686 is the allowance for this procedure under Dental Plus.

⁶ Without Dental Plus, the patient would owe \$625.50 in this example.

Forms reminder

Any insurance forms, Notice of Election forms (NOEs), student certifications, address changes, etc., submitted to the Employee Insurance Program (EIP) with any of the following will be returned:

- Forms written in any ink color other than dark black;
- Any forms with highlighter on them;
- Typed forms that are not in 12 point type;
- Forms on colored paper, other than those colors recommended by EIP; and
- Photocopies that are faded or blacked out.

All documents sent to EIP are forwarded to imaging. The above problems can cause difficulties with imaging those documents.



Insight

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Change Service Requested

Play it safe with fireworks!



June (through July 4) is Fireworks Safety Month. Following the events of September 11, 2001, we expect Americans to show their patriotism more than ever this Fourth of July with flags, parades and fireworks. To help people celebrate safely this Fourth of July, the Consumer Product Safety Commission and the National Council on Fireworks Safety offer the following safety tips:

- Always read and follow label directions.
- Have an adult present.
- Buy from reliable sellers.
- Use outdoors only.
- Always have water handy (a garden hose and a bucket).
- Never experiment or make your own fireworks.
- Light only one firework at a time.
- Never re-light a “dud” firework (wait 15 to 20 minutes and then soak it in a bucket of water).
- Never give fireworks to small children.
- If necessary, store fireworks in a cool, dry place.
- Dispose of fireworks properly by soaking them in water and then disposing of them in your trashcan.
- Never throw or point fireworks at other people.
- Never carry fireworks in your pocket.
- Never shoot fireworks from metal or glass containers.
- The shooter should always wear eye protection and never have any part of the body over the firework.
- Stay away from illegal explosives.

This information is provided by The National Council on Fireworks, a non-profit organization dedicated to the safe enjoyment of fireworks in the United States. For more information, please visit the Web site at www.fireworksafety.com.